mann, Baisch and Werner have reported similar cases in which pregnancy occurred in spite of x-ray treatment to relieve metrorrhagia.

The last case developed a "radium ulcer" of the rectum after treatment following operation for malignant disease. Examination of the base of the ulcer showed no evidence of carcinoma. E. D. PLASS.

Reel: Krukenberg Tumor of the Ovary. Annals of Surgery, 1921, lxxiii, 481.

Fibrosarcoma ovarii mucocellulare carcinomatodes was first described by Krukenberg in 1896. Since then 56 additional cases have been recorded. In 20 of these, including Reel's case, the primary growth was situated in some portion of the gastrointestinal tract.

The case here reported occurred in a white girl of 21. She was quite well until symptoms suddenly appeared which indicated some acute abdominal condition. The ovarian tumors, as is frequently the case, were bilateral. The initial lesion was probably in the stomach, metastases being found widely distributed.

The patient lived for two months after removal of the ovarian tumors, no attempt having been made to remove the primary focus.

R. E. WOBUS.

Major: A Study of the Krukenberg Tumor. Surgery, Gynecology and Obstetrics, 1918, xxvii, 195.

Major analyzes the cases of this type heretofore reported and adds an observation of his own. The patient was a colored woman of 40 who came to autopsy after having died from progressive weakness, having lost 80 pounds in weight. The ovaries were the seat of nodular tumors, each about 7x9x7 cm. The anterior surface of the shrunken stomach was covered by wart-like tumors. An enlarged lymph-gland was found at the hilus. A few small tumor growths were seen on the jejunum, but the liver was not involved. Careful study revealed the presence of occasional groups of tumor cells in the pulmonary vessels; in a few places these cells had grown into the lung tissue, forming microscopic metastases.

Major feels that the tumor is essentially a carcinoma which is, in the majority of cases, secondary to carcinoma of the stomach or intestines. The original tumor being a slowly growing scirrhous growth, may be easily overlooked. Surface infection may explain the metastases, but his finding of cells in the blood vessels suggests a spread by way of the blood stream. R. E. WOBUS.

Chapman: Krukenberg Tumor. Surgery, Gynecology and Obstetrics, 1920, xxxi, 58.

A girl of 14, who had menstruated once two months previously, was suspected of being pregnant on account of a rapidly growing enlargement of the abdomen. Examination disclosed what appeared to be a lobulated ovarian tumor extending almost to the ensiform. At operation there were found two tumors of almost equal size, one originating from each ovary, weighing six and seven pounds respectively. Microscopic section showed a diffuse myxomatous structure with liquefaction areas and the typical signet ring cells, the whole picture being

that of the "Gallert Krebs" first described by Krukenberg. A tumor the size of a silver dollar was found in the anterior wall of the stomach, probably representing the original focus. Enlarged lymph glands were encountered in the gastrocolic omentum.

Although the child recovered from the operation she died 20 days later, apparently from exhaustion. R. E. WOBUS.

Kynoch: Primary Chorionepithelioma of the Ovary. Edinburgh Medical Journal, 1919, xxii, 226.

Primary chorionepithelioma of the ovary is rare and some authorities consider the ovary to be by far the most unusual site for the extrauterine development of this type of malignant tumor. A paper of Fairbairn (published in Jour. of Obst. and Gynec., British Empire, July, 1919) covered this subject thoroughly, discussing a personal observation and two very similar cases from Doederlein's clinic. Kynoch's additional case pertains to a nullipara, age 24, who after an amenorrhea of eight weeks had bled persistently for six weeks. A large, nodular left ovary of dark purple color was removed. It proved to be a chorionepithelioma. A month later a soft tumor was discovered in the abdominal scar, regarded as being a hematoma. After a few attacks of vomiting and diarrhea the patient died about three months after the first operation. A large metastatic growth filled the pelvis, smaller metastases were also found in the lung.

It was impossible to determine whether the chorionepithelioma had developed from a previous pregnancy or from a teratoma of the ovary.

HUGO EHRENFEST.

Glynn: A Comparison between Ovarian "Hypernephroma" and Luteoma and Suprarenal Hypernephroma, with Comments on Suprarenal Virilism. Journal of Obstetrics and Gynaecology of the British Empire, 1921, xxviii, 23.

Nearly 40 years ago Grawitz first propounded the theory that certain renal neoplasms were developed from misplaced "rests" of the adrenal cortex. These neoplasms were subsequently named hypernephromas.

Peham (1899) described a large solid tumor of the ovary, which on account of its macroscopic and microscopic appearance, and the supposed occurrence of suprarenal cortical tissue in the ovary, he called "hypernephroma." Several other cases of this sort have since been published. In the last few years, however, the ovarian "hypernephroma" theory has been abandoned by many authorities who regard these tumors as derived from lutein cells, or at least not from the suprarenal cortex.

From a most careful study of all the available material Glynn concludes that it is very doubtful whether a single case of genuine ovarian "hypernephroma" has yet been recorded. For this doubt he advances a number of additional reasons which so far have escaped the notice of critics.

1. *Embryological.* Suprarenal cortical tissue is frequent in the broad ligament, yet there is no proved case of its presence in the ovary.

2. *Histological.*—The large ovarian "hypernephromas" are unlike the